Health Equity Assessment Tool (HEAT) – A framework for action

Jacqui Reid-Blackwood I Public Health England , Health Inequalities National Team. Webinar: Online interactive webinar I Accelerating Action on Health Inequalities, Applying PHE's Health Equity Assessment Tool in the NHS and wider system in the NW Region.
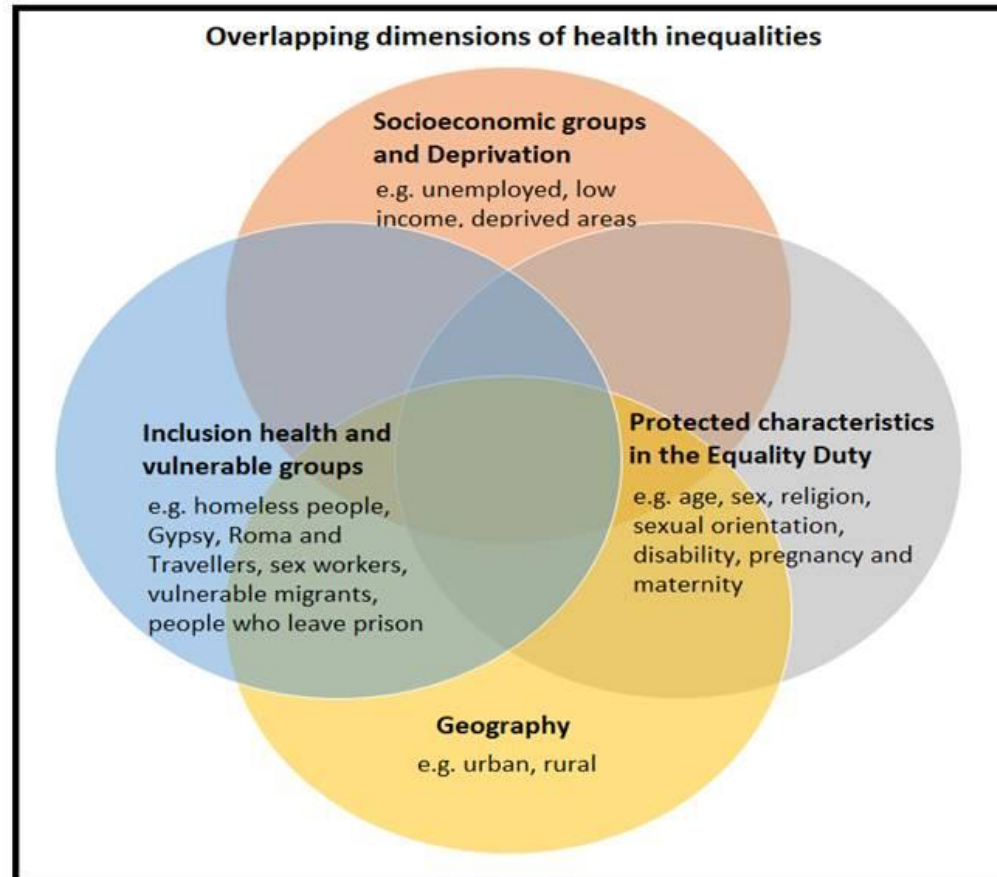
What is HEAT?

Who is more likely to experience health inequalities?

Overlapping dimensions of health inequalities

Socioeconomic groups and Deprivation
e.g. unemployed, low income, deprived areas

Inclusion health and vulnerable groups
e.g. homeless people, Gypsy, Roma and Travellers, sex workers, vulnerable migrants, people who leave prison

Protected characteristics in the Equality Duty
e.g. age, sex, religion, sexual orientation, disability, pregnancy and maternity

Geography
e.g. urban, rural

Refresh and development of HEAT

In 2019 the PHE national health inequalities team launched a review and refresh of the existing HEAT tool:

- Responding to system needs

- Evidence review

- Task-Finish Group

- Close partnership and Pilot training with SILS

The programme of work for HEAT consists of the following:

Public Health England

Protecting and improving the nation's health

Health Equity Assessment Tool (HEAT):

Full version

Health Equity Assessment Tool (HEAT)

Simplified version

Guidance
Health Equity Assessment Tool (HEAT): executive summary

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Health Equity Assessment Tool (HEAT)

e-learning to build skills in using the Health Equity Assessment Tool (HEAT)

HEAT: four stages

The tool

Programme or project being assessed	
Date completed	
Contact person (name, Directorate, email, phone)	
Name of strategic leader	

Steps to take	Your response – remember to consider multiple dimensions of inequalities, including protected characteristics and socio-economic differences
A. Prepare – agree the scope of work and assemble the information you need	
1. Your programme of work What are the main aims of your work? How do you expect your work to reduce health inequalities?	
2. Data and evidence What are the key sources of data, indicators, and evidence that allow you to identify HI in your topic? • Consider nationally available data such as health profiles and RightCare • Consider local data such as that available in JSNA, contract performance data, and qualitative data from local research	

Obesity Health Equity Assessment Tool – A worked example from the West Midlands Region.

David Elliott, I Public Health England
Webinar: Online interactive webinar I Accelerating Action on Health Inequalities, Applying PHE's Health Equity Assessment Tool in the NHS and wider system in the North West Region.

Applied practice – West Midlands

Prepare:
- Healthy Weight is a **complex system** so needed to prioritise with Covid : effects of excess weight and disparities
- Lots of data at different levels and national/local drivers to include: what they include about HIs?
- Don't forget soft intelligence in local areas not always in JSNA
- Where available what is social marketing data telling us?

Assess:
- Complex relationship health weight and inequalities: behaviour; environment; genetics; culture – need to improve the system towards healthy weight rather than ask what works?
- Protected characteristics – LKIS and Library Service (lit review) helpful
- Survey of access to weight management services pre and post Covid

Applied practice – West Midlands

Refine/Apply:

- Support to LAs: resources/tools/mapping/research
- Tackling wicked problems: breastfeeding/Healthy Start Scheme
- Matrix working in HWB team and across PHW WM e.g. Public Dental Health
- Promotion of HEAT at strategic meetings with partners
- Workshops have 'mandatory' health inequalities review
- Using CPD/L&D opportunities to promote HEAT and its use among workforce – address 'what's this got to do with me'?

Review:

- Executive sponsorship and set timetable for review
- Sense check with key partners/stakeholders: ADPH et al
- Introduction of common approach among HWB team of HEAT to joint priorities

HEAT in the context of COVID

COVID-19 has not only exposed health inequalities

➢ Provides an opportunity for local areas to *systematically consider* the impact their work and links with health inequalities

➢ Identify inequalities and *improve equitable access*

➢ *Assess the changes /redesign* which might be required to adjust their services/programmes since COVID-19, identify which groups have been affected, and mitigate any negative impacts in collaboration with other system partners.

➢ *Engage communities and stakeholders* in creating solutions

Application of the HEAT (1)

Programme	Aims	Outcomes
Anti-microbial resistance (AMR)	HEAT was used to ensure that national AMR campaigns developed by PHE are inclusive of all populations within the target audience.	• Improved **design of a communication process and messaging** with a focus towards targeted populations • **Easy and cost-effective way** to assess any health inequalities and would be useful to antimicrobial stewardship and public health campaigns

Programme	Aims	Outcomes
Diabetes Prevention Programme (East Midlands)	HEAT was used to ensure that Diabetes Prevention (DP) programme has a systematic approach to inequalities and equity.	HEAT **enabled the leads to identify clear gaps in the service provision and agree actions to improve the quality and delivery** of the programme.

Summary

- Identifying inequalities is the first step in taking action to reduce inequalities

- HEAT provides a helpful framework to examine how health determinants, access to relevant health services, and related outcomes are distributed across the population

- Resources and tools to support local partners, services and commissioners to complete HEAT (PHE HEAT, HEA guide for screening providers and commissioners , other resources

- HEAT should result in **action** to reduce inequalities and promote equality.

Thank you
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